

**CITY OF BURBANK
UTILITY USERS TAX REMITTANCE FORM**

Name of Utility Service Provider: _____

Utility Service Provider Address: _____

Type of Utility Service: _____

[Gas;electricity; wired or wireless telecommunications including conferenceing, text messages, private communication services. Direct sellers of prepaid wireless should remit UUT separately from postpaid wireless – Rev. and Tax. Code §42010(f)(3) effective January 1, 2016.]

Company FEIN No.: _____

Applicable tax rate: 7%

Prepaid wireless rate: 6.5%

Tax Period Covered* : _____

Remitted by ACH: _____

The information that you provide in this remittance form will be maintained as confidential under Rev. and Tax. Code § 7284.6.

Gross charges (including taxes and surcharges) \$ _____

Deductions \$ _____

[Taxes, Resale sales, Exempt Accounts]

Non-standard Adjustments** \$ _____

Net taxable charges \$ _____

Tax Percentage Applied 7% ☐

Except 6.5% for prepaid wireless effective 1-1-2016 ☐

Penalties \$ _____

Interest \$ _____

Total Remittance \$ _____

Remit to: CITY OF BURBANK
ATTN: FINANCIAL SERVICES
301 E. OLIVE AVE. SUITE 200
BURBANK, CA 91502

Please note that payment must be received by the City by no later than the twentieth day of the following month (due date). Penalties (15%) and interest (0.75% monthly) will be imposed on delinquent payments.

***Please prepare a separate remittance form for each tax period; do not combine tax periods.**

****Please describe any non-standard adjustments (Note: do not reduce your UUT remittance to adjust for over-collection of the tax from customers. Per ordinance, such adjustments require prior City approval):**

I declare, under penalty of perjury, that to the best of my knowledge and belief the statements herein, and any attachments hereto, are true and correct.

Date: _____

Signed: _____

Phone: _____

Print Name/Title : _____